

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number
310151.412

FY 2009
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Application Number 10/825,084

Filed April 15, 2004

For INDENE DERIVATIVES AS PHARMACEUTICAL AGENTS

Art Unit
1612

Examiner
Barbara P. Badio

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ <u>130</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ <u> </u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ <u> </u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ <u> </u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ <u> </u>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number <u>19-1090</u> .			

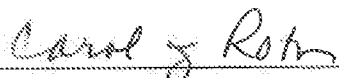
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration No. 32,783
☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34.


Signature

Carol J. Roth

Typed or printed name

April 2, 2009

Date

206-622-4900

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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